

**CITY OF LONGMONT
CITY COUNCIL NOMINATION PETITION**

**WARNING:
IT IS AGAINST THE LAW:**

For anyone to sign this petition with any name other than one's own, to knowingly sign one's name more than once for the same candidate, to knowingly sign more than one candidate petition for the same office except when there are multiple seats open for the same office, or to knowingly sign the petition when not a registered voter.

Do not sign this petition unless you are an eligible elector. To be an eligible elector you must be registered to vote and eligible to vote in City of Longmont elections.

Do not sign this petition unless you have read, or have had read to you, this proposed nomination petition in its entirety and understand its meaning.

PETITION TO NOMINATE _____ FOR THE OFFICE OF _____

To the Honorable Valeria Skitt, City Clerk:

We the undersigned registered electors of the City of Longmont, Colorado, in Ward* _____, hereby petition that _____, who resides at _____ in the City of Longmont and State of Colorado, shall be a candidate for the office of ** _____ for the term of *** _____ years to be voted for at the Regular Municipal Election to be held on the 3rd day of November, 2015.

* Leave blank if for Candidate At-Large ** Insert, Mayor or Councilmember plus Ward # or At-Large as the case may be *** Mayor – 2 years / Council – 4 years

SIGNATURE	PRINTED NAME	ADDRESS (STREET & NUMBER)	CITY	COUNTY	DATE OF SIGNING
1.			Longmont		
2.			Longmont		
3.			Longmont		
4.			Longmont		
5.			Longmont		
6.			Longmont		
7.			Longmont		
8.			Longmont		
9.			Longmont		
10.			Longmont		
11.			Longmont		
12.			Longmont		
13.			Longmont		
14.			Longmont		
15.			Longmont		

AFFIDAVIT OF CIRCULATOR

I, _____, hereby certify that I circulated this petition and that each signature hereon is the signature of the person whose name it purports to be and that each signer has stated to me that the signer is a registered elector of Longmont and the ward for which the nomination is made.

Date _____, 20____.

STATE OF COLORADO
County of _____

Signature of Circulator

Subscribed and sworn to before me this _____ day of _____, 20____. _____
Notary Public or Other Officer

(seal)

IMPORTANT: CANDIDATE MUST COMPLETE AND HAVE NOTARIZED

ACCEPTANCE OF NOMINATION

I, _____, hereby accept the nomination tendered me by the foregoing
Candidate's Signature
petitioners and swear that I satisfy the requirements set forth in the Longmont Municipal Charter,
Section 3.2, to be a candidate in the City of Longmont, Colorado, and hold the office of

- ☐ Mayor
- ☐ Council Member, Ward 1
- ☐ Council Member, Ward 3
- ☐ Council member, At Large

CANDIDATE’S NAME AS YOU WISH IT TO APPEAR ON THE BALLOT:

(Please print—No degree or title allowed)

Candidate’s Residence Address: _____
Legal place of residence

Candidate’s Contact information: _____
Mailing address if different than above,

phone number and e-mail address

Date: _____, 20 ____

STATE OF COLORADO,
County of _____

Subscribed and sworn to before me this _____ day of _____, 20 ____.

(Seal)

My Commission expires: _____
Notary Public